



Rhode Island Commerce
CORPORATION

315 Iron Horse Way, Suite 101 • Providence, Rhode Island 02908

PHONE: 401-278-9100 • FAX: 401-273-8270 • www.commercetri.com

Dear Supplier:

The Rhode Island Commerce Corporation (CommerceRI) has recently implemented a system to process payments to its suppliers via Automated Clearing House (ACH) as an alternative to paper checks. This will expedite the receipt of funds into your business bank account and eliminate the need for you to make a deposit at the bank. You will receive a Remittance Advice (see attached) through the mail to report the details of each payment made for your financial records.

We are asking all suppliers to participate in this payment program. You will need to complete the attached paperwork (W-9 Form and ACH Payment Authorization Form) for us to complete the required set-up.

We are confident that this enhancement will provide for improved availability of funds as well as decreased administrative costs for you relative to processing bank deposits.

Please return forms to:

Rhode Island Commerce Corporation
Attn: Accounting Department
315 Iron Horse Way, Suite 101
Providence, RI 02908
Fax: 401-273-8270

If you have any questions, please do not hesitate to call the Accounting Department at 401-278-9100.



Rhode Island Commerce
CORPORATION

ACH PAYMENT AUTHORIZATION FORM

For Suppliers of Rhode Island Commerce Corporation

Rhode Island Commerce Corporation
315 Iron Horse Way, Suite 101
Providence, RI 02908
Tel: 401-278-9100 Fax: 401-273-8270

Vendor Name: _____

I hereby authorize Rhode Island Commerce Corporation (CommerceRI) to initiate entries to the checking/savings account at the financial institution listed below.

Account for funds to be deposited:

Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank Routing Number (9 digits ABA#): _____

Name as it appears on the account: _____

Type of account: _____ Checking _____ Savings

Contact Name: _____

Phone: (____) _____ **Fax:** (____) _____

E-mail address: _____

This authorization will remain in effect until CommerceRI has received written notification of its termination to cancel it in such time as to afford CommerceRI a reasonable opportunity to act.

Name: _____

(Please Print)

Title: _____

Signature: _____

Date: _____

For CommerceRI Internal Use Only

Date Received: _____ GP Vendor ID: _____

Date Updated GP: _____ Updated by: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code	Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Rhode Island Commerce Corp.
315 Iron Horse Way, Suite 101

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Providence

RI 02908

Company Name
Company Address

City, State ZIP

Vendor ID	Payment Number	Check Date	Check Number
Company Name	0000000045753	4/23/2009	REMIT000000517

Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
0000000000063711	524221	4/21/09	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
Totals:			\$100.00	\$100.00	\$0.00	\$0.00	\$100.00